

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin, Plaintiff,
-VS-

**Order for Competency
Examination
by DHFS**

_____, Defendant
Name

Date of Birth

Case No. _____

Defendant's:

Telephone Number

Address

Present Location

THE COURT FINDS:

☐ 1a. The defendant has been charged with the following crime(s), and probable cause has been found.

☐ 1b. The defendant has been found guilty of the following crimes, but not yet sentenced.

Crime(s) *(Attach copy of Complaint and Information for examiner.)*

Wis. Statute(s) Violated

Date(s) Committed

2. There is reason to doubt the defendant's competency to proceed.

☐ Additional information or concerns, if any: _____

THE COURT ORDERS:

1. The defendant shall submit to an examination of his or her competency to proceed.
2. The examination shall be conducted by the Department of Health and Family Services (DHFS), which shall determine where the examination will be conducted, who will conduct the examination and whether the examination will be conducted on an outpatient or inpatient basis. Outpatient examination shall be conducted in a jail or a locked unit of a facility unless the defendant is not in custody.
3. If an inpatient examination is necessary, unless the defendant is not in custody, the sheriff shall:
 - Arrange for the transportation of the defendant to the examining facility within 48 hours after notification.
 - Return the defendant to the jail within 48 hours, after receiving notice from the examining facility that the examination has been completed.
4. The examiner shall have access to the defendant's past or present records, as defined under §51.30(1)(b), Wisconsin Statutes.

5. The examination shall be completed and a report filed within:
- 15 days from the date of this order for an inpatient examination.
 - 30 days from the date of this order for an outpatient examination.
6. The report shall include a determination on the defendant's competency to proceed pursuant to §971.14(3), Wisconsin Statutes and the competency of the defendant to refuse medication.
7. A hearing will be held on (date) _____, at (time) _____, before court official _____, or such other time as set by the court.
8. Other: _____

BY THE COURT:

Distribution:

1. Court – Original
2. District Attorney
3. Defendant/counsel
4. Examiner/facility
5. Sheriff (if an inpatient exam)

Circuit Court Judge/Circuit Court Commissioner_____
Name Printed or Typed_____
Date

Name of District Attorney		Name of Defense Attorney	
Phone Number	Fax Number	Phone Number	Fax Number
Address of District Attorney		Address of Defense Attorney	